

04-19-05

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APR 18 2005

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23713 7590 03/09/2005

GREENLEE WINNER AND SULLIVAN P C
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Lee Murray	(Depositor's name)
Lee Murray	(Signatures)
4/18/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/929,870	08/14/2001	Michael Schwartz	91-95E	8997

TITLE OF INVENTION: SOLID STATE OXYGEN ANION AND ELECTRON MEDIATING MEMBRANE AND CATALYTIC MEMBRANE REACTORS CONTAINING THEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BHAT, NINA NMN	1764	422-190000	01 FC:1501	1400.00 OP	
			02 FC:1504	300.00 OP	
			03 FC:8001	100.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list		<u>GREENLEE, WINNER AND SULLIVAN, P.C.</u>	
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.		1	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		2	
				3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ELTRON RESEARCH, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BOULDER, CO

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1969 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

4/18/05

Typed or printed name

Sally A. Sullivan

Registration No. 32,064

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